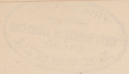




An Essay on
Hereditary Predisposition
AND
the best means of preventing
Hereditary Diseases
C. B. Fleet. - Virg.
admitted March 4th 1820-



An Essay on
the History of
the Slave Trade
in the West Indies
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by J. B. Stetson
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Ever since the fall of our first parents, the sad inheritance entailed on all their numerous progeny has been misery to a greater or less degree, not the least fruitful source of which is that of Disease in its various forms. Dreadful indeed would have been the condition of mankind, had not divine providence so far pitied them, as to have afforded the necessary remedies for the relief of their numerous bodily sufferings.

Perhaps there is not a more fruitful source of anxiety, uneasiness and distress presented by the diseases which are incident to the human body, than those which descend from one generation to another and which are generally termed Hereditary.

The subject to which I wish to call your attention in this essay is that of the hereditary predisposition to those diseases which occur most commonly in the United States.

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rities and appearances of the persons who are most liable to each of the several diseases included under the above term. After which I shall endeavour to designate the best means of preventing each.

Previous to entering upon the diseases, a few general observations will be made on the subject of predisposition.

By the term predisposition I understand a particular aptitude in some persons of becoming affected by slighter external causes, than would be required to produce a similar affection in others not possessing any such predisposition. And this predisposition is either acquired or hereditary, ~~when hereditary~~, when hereditary it most commonly depends on some peculiarity of structure or organization of the part so predisposed which is inherited from ancestors.

In this, and no other way, can we explain why one part of the body should be affected by the action of external causes, in preference to another. This is

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exemplified in all diseases, and is so notorious as to have become almost an aphorism with medical men "that disease always attacks the weakest part," which of course is the part in which the predisposition is the strongest. Upon the same principle we can explain why a number of persons whose occupation and mode of living are precisely similar, and who are exposed to the same exciting causes should become affected with entirely different diseases, requiring different and sometimes opposite remedies for their cure.

Nor can it be subtle that predisposition although originally acquired, may be transmitted from parents to their offspring, otherwise we should be greatly at a loss in explaining, why children are so frequently affected with the same diseases with which their ancestors had been afflicted. Hence it is observed by Doctor Rush "that when parents have been affected with gout, that half the intemperance will bring it on in their children."

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tion has not been manifested in the immediate descendants of the affected parents, that it shall not be in the subsequent generations. Hence we are directed by physicians in searching for the source of diseases, not to confine our inquiries to the diseases of the parents alone, but to go back several generations; for there are instances of hereditary diseases skipping one or two generations and then appearing in subsequent ones.

Doctor Adams, in his treatise on hereditary diseases, says the danger and security of the rising offspring may often be estimated by a similarity of feature or character to those of their brothers and sisters, who have previously fallen into the disease.

Our author illustrates this opinion by the case of a family of children who at a certain age became affected with Hydrocephalus Intermittens, so that the mother after having two or three formed a correct prognosis which of her younger children would be seized with

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This part of the subject would now be dismissed, but previously to doing this I would beg to be indulged with a few observations on a distinction made by Doctor Adams between Disposition and Predisposition; he attaches the strongest signification to the former term.

With due respect to the opinion of our author, I would beg leave to inquire whether that susceptibility which he calls Disposition may not in most cases be the consequence of a previous strong predisposition, which has increased until the part so predisposed takes on disease without any obvious exciting cause, thereby becoming not only the predisposing, but the exciting cause also; and whether the epithet strong and weak might not with equal propriety be prefixed to the term Predisposition to denote the different degrees of susceptibility, to which Doctor Adams applies the terms Disposition and predisposition?

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If what he calls the disposition is not produced in this way, I cannot conceive why disease should not have been the immediate consequence of it, since he says that an exciting cause is not necessary for the production of disease when the disposition exists.

I hope that I shall be pardoned for this digression, since I deemed it an unnecessary, and a useless addition to the long catalogue of terms and distinctions which perplex the student of medicine, the curtailment of which would very much facilitate the acquisition of a knowledge of his profession.

The disease with which I shall commence is *Phthisis Pulmonalis* or Pulmonary Consumption.

It is a very ancient aphorism, which is as correct as it is old "that an ounce of prevention is worth as much as a pound of cure." May not prevention be estimated still more

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valuable when applied to the disease about to be considered, the ravages of which when once well established bid defiance to all the hosts of remedies with which it has been hitherto combated. —

The victims of this lamentable complaint are generally characterized by spare bodies, long necks, prominent shoulders, high cheek bones, rosy complexion, light hair and eyes, turned upper lip, great sensibility, and all the other symptoms of a sanguine temperament. There is likewise a peculiar instability and weakness of the vascular system, more especially of the lungs, inasmuch as the individual is subject to a frequent catarrh and spitting of blood.

Females are more subject to it than males, on account of their sedentary habits and using less bodily exertion than males.

It occurs most commonly between the age of 18 and 35 years.

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It is more frequently inherited from the father than mother.

From the peculiarities of those most liable to this disease, which have been just mentioned, particularly if conjoined with them, there be an hereditary, or predisposition, it appears to me that steps might be taken to prevent it, long before any symptoms of the complaint had made their appearance.

Much may be accomplished toward preventing all hereditary diseases by proper management between the cradle and puberty.

By early training children to endure hardships much will be attained not only toward preventing the disease under consideration, but the system will become fortified against the attack of all other diseases, whether hereditary or not. I do not mean to say that they would be entirely exempt from diseases by a strict observance of this rule, but they would enjoy at least as great immunity from disease, as the aborigines of our country, marking the

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proper allowances for the difference between civilized and savage customs. Hence Phthisis Pulmonalis, and most of the other hereditary diseases are not known among the aborigines, and they were extremely rare among the first settlers of this country.

It would be utterly incompatible with the writer's present undertaking, to enter minutely into the different ways by which the vigor and strength of constitution, which belong to the natives of our country, may be acquired by our offspring, he will therefore only make a few general observations—

In order that children may suffer no inconvenience from the vicissitudes of temperature, particularly by from cold, they should be accustomed to bathe all over in cold water frequently during the day, in summer, and regularly every morning during the winter; they should be accustomed to do this from their earliest infancy. Children should be accustomed to exercise much in the open air.

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warm room during the winter. - The best bed appears to me to be a mattress in the winter, and a blanket and sheet spread on the floor in the summer.

The food of children should be simple, plain and nutritious.

I have often observed that the chest of Consumptive patients is much more shallow than usual, owing to a depression or bending inward of the sternum about its middle, which perhaps proceeds from the early habit which young persons are very apt to acquire of stooping instead of sitting in an erect posture. Persons of this form are very apt to complain of a heavy, dull pain across the breast attended with a sense of confinement in the chest, which induces them to endeavour to remove it by frequently making full and deep inspirations.

From its frequency of occurrence in myself whenever I sit or write long at a time without taking exercise, I have devised a mode of relief

which has several of my ideas it.

It consists of a linen about the size of a shoulder strap, with angles or corners opposite angles between the men and the arms are it should be so directed as to slip up to the drawers on each side. With this cloth laid together it is first

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which has succeeded most happily with myself and several of my friends to whom I have recommended it.

It consists simply of a square piece of strong linen about three or four inches in dimensions with a shoulder strap fastened to each of the superior angles or corners, and a strap to each of the opposite angles sufficiently long to extend from between the shoulders obliquely across the abdomen and to buckle just above the pubis. When the arms are passed through the shoulder straps it should be buckled moderately tight as directed and it may be prevented from slipping up by a couple of tapes fastened to the drawers and tied over the straps on each side of the buckle.

With this contrivance, I can sit and write for days together without experiencing any of those unpleasant symptoms above enumerated. When it is first worn it is apt to produce a slight

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excoriation where it crosses the shoulders, especially if the lower bands be drawn too tight; this is the only inconvenience which can properly arise from its use, and this may be easily prevented by wearing it loose at first, and gradually tightening it as the wearer becomes accustomed to its use. So far from its being uncomfortable to the wearer after he has become accustomed to it, that he will feel uneasy without it.

I think it would be very serviceable to children of a consumptive form to wear such a contrivance constantly.

As regards the dress of children and youths, it should be comfortable and perfectly loose, tight lacing, particularly over the chest should be positively forbidden.

Neither should the general conformation and peculiarities of the body be overlooked in selecting a profession for a young person, any more

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than the moral tendency or inclination of his mind; always selecting the most active employment for such as are of a consumption form.

Females should exercise much on horseback instead of close carriages, and instead of the needle, the spinning, which will be found to be an excellent substitute.

To what has been already said respecting the preventives against *Phthisis Pulmonalis*, I shall only add that where the above means are ineffectual, or inadmissible the patient should be careful in guarding against the vicissitudes of the weather and all the exciting causes to the disease. Flannel should be worn next the skin, and the slightest cold should always be treated by the appropriate remedies as soon as discovered.

Particular attention should likewise be paid to the diseases which may occur about the period of puberty, especially in females, for the seeds of this as well as other hereditary diseases are in-

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tremely apt to germinate in a soil already in some degree prepared by nature, and completed by any disease which may happen to occur at this period.

The disease which I shall next consider from its nearer alliance to Phthisis Pulmonalis than any other disease that will be considered in this essay is

Scrophula.

Respecting the propriety of placing this among the hereditary ^{diseases} I shall make a few observations on the objections which have been urged against it.

It has been said by some that Scrophula should not be called an hereditary disease, because the children of scrophulous ^{parents} are not always affected with it, and its frequent appearance in the descendants of parents who have never been affected with it.

It cannot be denied that the descendants of scrophulous ancestors have sometimes escaped the disease, and that those of healthy ancestors have been affected with

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it, but this certainly does not prove that a predisposition to Scrophula is never transmitted from parents to their children. The same objections might be urged against the doctrine of hereditary predisposition to Phthisis Pulmonalis, Mania, and all the other diseases which are generally considered to be hereditary; indeed they might be even extended to Congenital diseases, because only some of the children of a family are destroyed by them and others escape.

I must contend therefore, that the descendants of scrophulous ancestors are more liable to be affected with scrophula, than those of healthy ancestors.

I do not pretend to say that the disease itself is hereditary independently of the predisposition, but that it is merely the latter which is so.

Although the disease may not appear in the immediate descendants of the affected parent or parents, yet we are told by Professor Chapman and Russell that it has been known to pass by two or three generations successively and attack the succeeding ones.

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Russell says that it is certainly hereditary and that the tainted constitution of a single parent is sufficient to communicate the disease to their common progeny." This circumstance, he remarks, is not peculiar to Scrophula, the susceptibility, to Syphilis, Venerea &c. &c. exhibiting the same fact.

The peculiarities of persons subject to Scrophula are transcribed from Russell's work on that disease.

He says "they have fair complexions, light hair and eyes, remarkably soft and white skin, the face has often a shining polish, cheeks generally florid, tunicæ conjunctivæ of a dead white and more pale than usual, the edges of the eyelids are often affected with a long and troublesome inflammation, there is frequently swelling of the upper lip with some thickening of the nostrils and point of the nose, the upper lip has also a furrow in the middle, they are generally handsome and of acute understandings.

The distinctness and prominence of the above symptoms usually depend upon the extent of the

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predisposition. They are generally active, but seldom robust and able to stand much fatigue. The glands of scrofulous persons, particularly those of the neck, are apt to swell frequently, which is often unaccompanied with pain or redness."

With respect to the best means of prosecuting Scrofula, I have nothing to add to the general outline of management already laid down for the prevention of Phthisis Pulmonalis; indeed I believe the nearer we approach to our original state of nature, the more exempt will mankind be from all those diseases which embitter their enjoyments, weaken their constitutions, and hasten them prematurely to the grave; in none will the truth of this sentiment be more strikingly verified than in the diseases which are generally called Hereditary.

In addition to the general management already referred to, I would advise that particular attention should be paid to the inflammatory swellings of the glands, which may occur at any ^{time}, to prevent suppura-

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Nearest allied to Scrophula, and which shall next be considered is Scirrhus or Cancer—

This is a disease which is so little understood, that I shall say very little about it in this essay. It is thought to depend frequently upon Hereditary predisposition. Mr. Hunter thinks that a predisposition to cancer depending on local peculiarity of structure may be transmitted from parents to their descendants, and that in this way the disease is Hereditary;

Mr. Hunter was also of the same opinion; he observes that of fifty persons who may incur similar accidents in glandular parts, not more than one or two will be affected with subsequent Cancer.

I have not been able to discover in any of the authorities to which I have had access, that the cancerous predisposition is marked by any distinguishing peculiarities.—

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ly does not make its appearance until advanced life.

Women are more subject to it than men, and it is most apt to occur in them about the period of the cessation of the menses.

Dionis declares that he had seen many females who were affected with Cancer, and whom it made its appearance previously to the cessation of the menses, that the discharge was very irregular or had been entirely obstructed.

No part of the body is exempt from Cancer, but it most frequently attacks glandular parts.

Thomas says that it is most frequently produced by a Ulcer or some external injury done to the part affected; but that it is occasionally the consequence of previous inflammation from other causes.

From what has been said above, it would appear that the means of preventing Scirrhus or Cancer should vary according to the causes and position.

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lar state of the constitution connected with it. During the menstrual period of life on females particular regard should be paid to that process, when ever they become obstructed or irregular in their discharge, such remedies as are calculated, according to the particular state of the constitution, to restore the healthy action of the uterus, should be immediately resorted to.

Descendants of cancerous parents should carefully avoid injuries of glandular parts, and whenever they become affected from any cause whatever active means should be promptly adopted to prevent such affections from terminating in Scirrhus or Cancer.

The next disease to which I shall call your attention is

Gout.

By Cullen and writers in general this has been improperly defined to be an hereditary disease.

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Although the examples of acquired Goit may be most numerous, yet the instances of an hereditary predisposition to it are sufficiently numerous to justify its being classed among the hereditary diseases.

With a view of obtaining accurate information on this subject, Doctor Reddick instituted the following comparison.

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Not known either on the father's or mother's side 43

From this statement it appears, that the cases of acquired Goit in which no family reference could be traced, were to the rest as 43 to 34.

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The same author observes that Gout is a constitutional disease, producing an eternal local inflammation of a specific kind, the susceptibility to it often depending on hereditary bodily conformation and constitution, but more frequently wholly acquired, not occurring before the age of puberty, seldom under the age of twenty five and most frequently between the age of twenty five and thirty five."

Doctor Rush remarks that "Gout in one respect is hereditary, depending upon the propagation of a similar temperament from father to son. When a predisposition to the Gout has been derived from ancestors, less force in exciting causes will induce it than in those habits where there has not been the case. This predisposition sometimes passes by children and appears in grand children.

There are instances likewise where it has passed by the males and appeared only in the females of a family."

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with large, capacious and circular chest, they have generally full veins and loose solids, and Bullen says that they have coarse skin from the rete mucosum being thicker in them.

Males are more frequently afflicted with it than females, in the ratio of 88 to 15.

The best means of preventing Scurvy in persons who are constitutionally predisposed to it, are very obvious; they consist in a simple mode of living, the use of exercise, and a total abstinence from all kind of spirituous or fermented liquors, together with strong tea and coffee.

This practice is corroborated by its comparatively rare occurrence in females, from the remote causes being rarely and more slightly applied.

I shall now make a very few observations on

Apoplexy

This disease has been commonly enumerated by authors, as Bullen, Cheyne, Rush and Spanghurn

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among the hereditary diseases; and among the causes of apoplexy, hereditary and constitutional predisposition is ranked the most important.

The subjects of this disease are usually distinguished by their make of body, - thus when the head is naturally large, the neck short, and the body corpulent we may suspect an apoplectic predisposition.

It most commonly attacks in advanced life, from 60 years and upwards, but when hereditary predisposition exists, unless the individual be very cautious in avoiding all the exciting causes, he will hardly live to this age without an attack of the disease.

As to the prevention of apoplexy no very precise rules can be laid down, for they must vary according to the variety of the exciting causes.

But it may be safely recommended, in all cases, to persons, showing any symptoms of a predisposition to apoplexy, to avoid intemperance

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The disease with which I shall conclude this essay is

Mania.

As to the propriety of locating Mania among the Hereditary diseases, I presume it will be unnecessary to adduce any other authority than the following authors viz Haslam, Rush, Spengheim and Arnold.

The unfortunate subjects of Mania, according to Mr Haslam are generally characterised by a swarthy complexion, and dark coloured hair. This he found to be the case in 215 out of 265 patients in Bethlem Hospital, London. Dr Van Dyke, formerly of the Pennsylvania Hospital, confirms the symptoms mentioned by Mr Haslam, and adds that maniacs have generally light coloured eyes.

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It appears from the observation of Doctor Rush that persons whose predisposition to Mania is hereditary are most liable to become deranged about the same period of life in which their ancestors have become so. The age at which persons possess the strongest predisposition to Mania is between 20 and 50 according to Pinel and Haslam. It is comparatively rare before puberty and in old age.

Women are more subject to Mania than men. Doctor Rush supposes this to be owing to a greater predisposition imparted to their bodies by menstruation, pregnancy, and a parturition, and to their minds by living so much retired in their families.

As in the preceding disease no precise rules can be laid down for preventing Mania; but it may be observed by keeping the mind constantly employed, a great deal will be accomplished toward preventing it. Although constant employment of the mind is of vast importance, yet great

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The descendants of maniacal ancestors therefore should never be put too early to the study of those sciences, which would require too great exertion and fatigue of their faculties to comprehend, on the contrary it should be an object to amuse them at the same time that they are gradually instructed.

Neither should the profession of maniacal descendants be in any wise overlooked, in general active employments should be selected for them.

With these observations I shall close this dissertation. It would be easy to extend it to many other diseases which in a great measure depend upon hereditary predisposition for their existence, in the same manner as those already treated of, but this would greatly transgress the limits of the writer's present undertaking; he has therefore thus closely confined his observations to the most important of the Heredi-

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The writer begs that his incompetency
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Sam^l C. K. Davis

admitted March 23^d 1870

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Samuel Clark Oliver

United States Army 303.

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Sam^l Clark Oliver

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